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PICTURING WOMEN'S HEALTH

EDITED BY

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CONTENTS

for women, her reactions to wider circumstances of catastrophic loss are drawn in markedly broader, human terms. In Brontë's final novel, traumatic suffering is shown to result from an overwhelming external shock or blow – not from pre-existing hysteria, madness or anxiety. Mnemonic disturbance is shown to proceed, between and primarily within individuals, in patterns echoing storm and contagion, and with startling miasmic textual effects: 'Indeed', as Lucy Snowe remarks, 'there was no way to keep well under the circumstances'.[97]

5 THE ICONOGRAPHY OF ANOREXIA NERVOSA IN THE LONG NINETEENTH CENTURY

Susannah Wilson

In 2010 the French model and actress Isabelle Caro died from complications arising as a result of her fifteen-year struggle with anorexia nervosa. Three years prior to her death, as a statement against the fashion industry's promotion of excessive thinness, Caro's naked image was displayed on billboards in Italy to coincide with Milan Fashion Week, carrying the message 'No Anorexia'. Caro claimed that she weighed around 27 kg (59lb) at the time.[1] Previously, in 2006–7 three South American models in their early twenties had starved themselves to death: the Brazilian Ana Carolina Reston and sisters Eliana and Luisel Ramos from Uruguay, resulting in widespread criticism of the use of 'size 0' models and placing the issue of the visibility of anorexia firmly on the public agenda.

Regrettably, Caro is more famous for her anorexia than for her acting or modelling career, which reveals something of the extent of public fascination with this disease. Anorexia is marked by a visibility shared by few other illnesses, with only severe skin disorders and facial disfigurements being as visually striking. Its presence in cultural imagery therefore holds a peculiar significance, a unique ability to make an arresting statement about how women inhabit their bodies. Today, the iconography of the disease exists predominantly in the domain of popular culture: a Google search will produce millions of images of emaciated young women, for the most part published in unofficial blogs and controversial pro-anorexia ('pro-Ana') forums. Conversely, however, contemporary mainstream medical and psychiatric journals never reproduce photographs of anorexic women.[2]

But this has not always been the case. During the period 1873–1914, there was a surge of interest in an illness found among young girls from the privileged classes, characterized by the refusal of food and extreme emaciation, and which seemed distinct from organic wasting illnesses such as chlorosis and tuberculosis. This interest was generated by the simultaneous naming of the disease as *anorexia nervosa* by the eminent Victorian physician Sir William Gull and *ano-*

rexie hystérique by Charles Lasègue, an influential French psychiatrist based at La Pitié hospital in Paris, in the 1870s.[3] A number of publications that followed in their wake were illustrated with graphic clinical portraits of its victims.

Although the problem of self-starvation has been observed since at least the medieval era, the date of 1873 is significant in terms of the wider recognition of the disorder that occurred following Lasègue's and Gull's naming of the disease. Joan Jacobs Brumberg has made a compelling case for viewing the nineteenth century as the historical period that marked the emergence of anorexia nervosa as a *modern* phenomenon: it was not considered by doctors to be a disease requiring medical treatment before this date, and it began to be interpreted as a cultural problem in the twentieth century. Brumberg's wide-ranging history includes some discussion of Gull's clinical portraits,[4] and the present essay adds a new level of detail to the historical study of anorexia by considering Gull's anorectics alongside a number of contemporary cases which have not previously been discussed in the secondary literature. Whilst Lasègue did not include pictures in his famous paper, illustrated cases of anorexia were published by other authors in prestigious journals such as the *Lancet* and the *Nouvelle Iconographie de la Salpêtrière*, as well as in individual medical treatises and less prominent journals, such as the *Medical Press and Circular*. The cases singled out for commentary in this essay are interpreted in the light of broader theoretical perspectives on the iconography of disease, and the insights offered by psychoanalytical approaches to anorexia and to the theory of the 'gaze'.[5]

In the late nineteenth and early twentieth centuries, clinical portraits were often used in the optimistic hope of demonstrating the efficacy of treatment.[6] Later, the practice of photographing anorectics declined as an awareness of the intractability of the disease grew. Whilst many of these early, illustrated publications are well known to historians, little critical attention has been paid to the function of the images they contain. Focusing on fifteen clinical portraits, this essay argues that the visibility of anorexia generates a profoundly ambivalent response to the emaciated female body. Whilst it fascinates us, it also disrupts gender norms, institutional hierarchies and sacred social rituals. Central to this ambivalent reaction is the question of control, and this essay suggests that the anorexic body – far from being mastered by either patient or doctor – emerges as an uncontrollable and yet highly meaningful entity.

Brumberg convincingly demonstrates that nineteenth-century clinicians, following in the tradition of Lasègue and Gull, did not seek to understand the meaning of anorexia from the perspective of the young women who lived and died in its grip. Freud would be the first to do this: 'Freud posed the important conceptual question that had not been asked before: What does the anorectic's lack of appetite *mean*?'[7] When Freud – who said very little about anorexia – first linked appetite to libido, and Pierre Janet identified the problem of self-loathing in

relation to the body, the way was paved for a more nuanced psychodynamic view of anorexia.[8] Neither of these influential clinicians include in their case reports portraits of patients for whom anorexia nervosa was the primary diagnosis, but their insights marked a departure from the nineteenth-century perspectives of Gull and Lasègue, who believed anorexia was a behaviour that needed to be suppressed through moral control, and a movement towards the current clinical emphasis on understanding the meaning of the disease. This ongoing search for meaning helps us retrospectively to interpret these nineteenth-century clinical portraits, which reveal a tension between doctors' resistance to understanding the psychological significance of food refusal, and the patient's resistance to the 'correction' of a deeply meaningful and perversely empowering behaviour. As Richardson has noted elsewhere in this collection, in the context of nineteenth-century hunger strikers, the refusal of food represented a symbolic weapon against an overbearing and unreasonable society for women who lacked control over the medical interventions imposed on them.

The use of illustrated case studies follows in the nineteenth-century tradition of medical portraiture, particularly the iconography of the insane, a theme explored in greater detail in Ford's essay in this volume. Théodore Géricault's portraits of monomaniacs, commissioned by the prominent French alienist Jean-Étienne Georget in the 1820s, reflect the eighteenth-century model of using physiognomy as a means to detect mental diseases. In England, Alexander Morison's *The Physiognomy of Mental Diseases* in 1840 established the same concern to connect physical appearance to mental pathology.[9] Sander Gilman argues that Hugh Diamond's 1856 paper presented to the Royal Society on the use of photography in psychiatry inaugurated a new era in the iconography of mental diseases. Previously, as Gilman demonstrates, clinical portraits had held a moral and cautionary aim, rather than a clear therapeutic one. Diamond, by contrast, followed in the empirical tradition of the French school represented by Pinel – who believed that mental illness could be cured – in viewing the purpose of medical photography as being to record the appearance of patients for study; it was also recommended for therapeutic use as a means of presenting an accurate self-image back to the patient.[10]

Many highly visible diseases – for example, acromegaly, acne and psoriasis – originally photographed in nineteenth-century editions of the *Nouvelle Iconographie* and the *Lancet* are still frequently included in published medical reports today, but anorexia is not among them. Perhaps anorectics were photographed in order to aid recognition of the disease, which is no longer necessary in an age when the image of the anorectic is part of the cultural consciousness. It may be that photography was used, as a new and impressive technology, to add weight to Gull's clinical argument that anorexia was simple to cure. He demonstrates this through the use of pictures of anorexic patients 'before' and 'after' treat-

ment. This stands in marked contrast to the current perception of the disease as difficult to treat and rarely 'cured'. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) reports an 'impressive long-term mortality' rate (10–20 per cent) for those hospitalized for anorexia, and that only 30–50 per cent of anorectics will make 'full and complete psychological and physical recoveries'. The reality is a high rate of relapse, with many requiring hospitalization again within a year, and many others developing chronic eating disorders.[11]

Since the early twentieth century anorexia nervosa is also thought to have become more common. Recent experts such as psychiatrist Hilde Bruch and psychoanalyst Susie Orbach assert that since the 1960s anorexia has grown into an epidemic affecting young women, and argue that the disease in its most modern form has only existed since the advent of the mass media in the early to mid-twentieth century.[12] Indeed, weight phobia as part of the diagnostic picture is only indicated in some of the nineteenth-century cases. Today, it is a necessary diagnostic criterion. Orbach argues that the anorexic woman's struggle may be interpreted as a 'metaphor for our age', as 'an expression of a woman's confusion about how much space she may take up in the world'.[13] This epidemiological shift has coincided with a trend in the medical literature towards the suppression of photographs of patients, but also – paradoxically – with an increased fascination with the anorexic body in popular culture.

The most significant historical events cutting across this change are the two world wars. It is frequently suggested that anorexia is rare or non-existent in communities where hunger is a true physical threat, but since there are examples of cases being reported during wartime in Europe this alone cannot explain the disappearance of clinical photographs.[14] In terms of the events of twentieth-century Europe, however, there is great significance in the imagery of emaciation. Since 1945, mass-media images of starving people have often carried connotations of the immense human suffering inflicted on the weak by the strong: the Holocaust; the Balkans conflicts of the 1990s; and the orphans of the Ceausescu régime in Romania, to cite just a few examples. In this context, depicting an act of wilful self-starvation might seem distasteful. But doctors have not shied away from illustrating distressing diseases, so this is unlikely to be the reason why clinicians stopped photographing anorexic patients. Rather, these images disappeared from clinical literature as the fashion for photographing psychiatric patients waned along with the credence of the study of physiognomy in relation to mental disorders.

There is more than a superficial similarity between victims of food shortages and anorectics, despite the state of the latter being apparently self-inflicted. The anorexic woman typically experiences what has been eloquently described by Marilyn Lawrence as a 'control paradox': although her behaviour exerts tyrannical control over both her body and the people around her, she feels perilously out

of control. Far from being able to 'pull herself together', she experiences as little agency over her wasting body as a famine victim. Lawrence argues that those treating anorectics pay too little heed to this paradox, and that the focus on weight gain obscures the need to understand the root causes of the weight loss: '[Doctors] see anorexics as women who are exercising too much self-control. They simply don't take account of the intense feelings of being out of control which accompany this. Thus, therapeutic intervention for them is based on breaking the control.'[15]

The problem of control is a central theme in the case studies analysed in this essay. I argue that doctors used clinical portraits in an attempt to show that anorexia can be controlled; what they actually reveal is the limited extent to which it can be. In 1936, Professor John Ryle gave the Schorstein Memorial Lecture on 'Anorexia Nervosa' at the London Hospital, later to be published in the *Lancet*. Ryle viewed anorexia as a 'habit' that needed to be 'corrected', and asserted: 'Parent and daughter must both be allowed to see that the physician has *a complete grasp of the situation*'.[16] Following a page of vignettes of fatal cases of the disease, Ryle's statement of confidence in the authority of the doctor stands out as staggeringly ironic. This need to control reflects a disturbing lack of control, keenly felt by clinicians, that mirrors the anorectic's own dilemma. Clinical portraits, therefore, are an attempt to substantiate the fantasy of control over the disease.

If the anxiety to control wilful self-starvation is so pressing, these case studies with their haunting illustrations confirm Sander Gilman's observations on clinical portraiture that centre on the need to create images of disease onto which healthy people can project their unconscious distress:

> It is the fear of collapse, the sense of dissolution, which contaminates the Western image of all diseases ... We project this fear onto the world in order to localize it and, indeed to domesticate it. For once we locate it, the fear of our own dissolution is removed. Then it is not we who totter on the brink of collapse, but rather the Other ... The construction of the image of the patient is thus always a playing out of this desire for a demarcation between ourselves and the chaos represented in culture by disease.[17]

With these observations in mind, this essay will argue that images of anorectics are subversive of the 'male gaze', the viewpoint via which they are framed. From Hegel's master–slave dialectic, to Sartre's preoccupation with the aggressor–victim relationship between looker and object, and to Foucault's location of medical power in clinical observation, the significance of the 'gaze' has been heavily theorized.[18] Drawing on this long history, film analyst Laura Mulvey in 1975 outlined a concept of the 'male gaze' as the camera reflecting the perspective of heterosexual man and objectifying women, who in film are 'coded for strong visual and erotic impact'.[19] She draws from this the idea that this limited

perspective forces women also to adopt the male gaze, for they are constantly aware of being looked at by men. Mulvey draws on Lacanian psychoanalytic theory to theorize this unequal power relationship, and argues that women thus displayed represent the 'Other' to the man's image of himself, evoking the ultimate castration anxiety; what she means by this is that images of women evoke pleasure but also anxiety for men, because 'castrated' women illustrate the threat that hangs over them.[20] In the case of anorectics, this anxiety is embodied in the threat posed by her resistance to medical treatment, by the fact that her behaviour may not be overcome.

The first group of cases studied here present linear narratives of medical 'cure' and control over the rebellious anorexic patient. These cases are optimistic in tone and tend to see treatment as a simple affair, being based on the correction of a behaviour rather than any meaningful psychological transformation in the patient's attitude to food; they are also likely to be illustrated with 'before' and 'after' images of (post-)anorexic patients to illustrate the success of the hospital regime. These cases can be designated as 'scopophilic' in terms of the male gaze, for the subversive anorexic image is overwritten by the pleasant image of recovery which replicates the style of a portrait of a normal young girl. These images also reveal self-awareness on the part of the women pictured (a sense that they know they are being looked at), suggesting their ambivalent adoption of the male gaze. In the second group of case studies, which report either fatal or inconclusive outcomes, the use of illustrations reveals a morbid fascination with the anorexic body, and therefore can be classified as voyeuristic because the focus is on the sick rather than the recovered body (which is not depicted at all in these cases). This voyeurism is most clearly present in the absolute lack, visually speaking, of the patient's point of view through the obscuring of their faces or the fact that they are photographed dead.[21]

The concealing of the face in this second group of cases is also surprising given the historical importance of physiognomy in psychiatric photography. This concealment lends the images a distinctly voyeuristic quality, and the complex erotic charge communicated as a result also links them to the familiar trope of the wasting female heroine in nineteenth-century art and literature: from Flaubert's *Madame Bovary* (1857) to the chlorotic women depicted in Baudelaire's prose poetry (1869); from the consumptive 'Mimi' portrayed in Puccini's opera *La Bohème* (1896) to Lefebvre's painting *La Blanche Ophélie* (1890) and the near-to-death pose shown in Millais's *Ophelia* (1851–2), a paradoxical fascination with lifeless and yet captivating women was widely expressed. The link between these popular images and the voyeuristic fascination with images of anorexic patients will be further drawn in the second section of this essay.[22]

Narratives of Recovery

Each case to be examined in this first section presents a linear account, beginning with an illustration of emaciation and ending with an image of health, which strongly conforms to the scopophilic expectations of the male gaze. It will be argued that the apparent simplicity of this 'cure' masks a deeper anxiety about the power of the disease and its mysterious aetiology. Compared to the second group of studies, the voices of the patients are less present in the narrative but the patient's appearance in the 'before' images is a subversive presence. Just as the control of the appetite might be read as an expression of the patient's voice, her facial expression, posture and gestures communicate with the viewer.[23] Her initial subversion of, and later compliance with, the framing male gaze reveals a level of self-consciousness on the part of the patient about the meaning of her anorexia.[24] It expresses dissatisfaction with conventional gender expectations, but doctors seek only to erase the symptoms of disease. In doing so, they fail to appreciate its profound cultural significance.

Gull's 1874 paper illustrates the cases of Misses A., B. and C. (Figures 5.1, 5.2, 5.3). Forced feeding is enthusiastically recommended by Gull as the way to deal with food refusal, and he confidently asserts: 'the inclination of the patient must be in no way consulted'.[25] The photograph of Miss A. displays illness through facial expressions and gestures as much as through the appearance of thinness; she is pictured with head inclined, wearing a forlorn expression, wide-eyed, passive and with her hair tied back in the typical style of an old maid. In the second, her hair is styled in curls, in the fashion of young women of the time, and falls prettily around her full cheeks; her expression dignified with a hint of a smile. Gull draws the following contrast: 'It will be noticeable that as she recovered she had a much younger look, corresponding indeed to her age, 21; whilst the photographs, taken when she was 17, give her the appearance of being near 30'.[26] Anorexia leads to degeneration and decline, whereas the re-feeding regime has brought about rejuvenation. Gull and others regard anorectics as being unable to inhabit their bodies in an age-appropriate way; his observations echo the way in which anorexic women are commonly compared to both pre-pubescent girls in refusal of adult sexuality, and to post-menopausal women – the French doctor Georges Gasne, for example, within the same sentence describes his sixteen-year-old patient as striking for her 'haggard' and yet 'girlish' appearance.[27] These comparisons are implicitly linked to the amenorrhea symptomatic of the disease.

Figure 5.3: Miss C., in Gull, 'Anorexia Nervosa' (1874), p. 310. Wellcome Library, London.

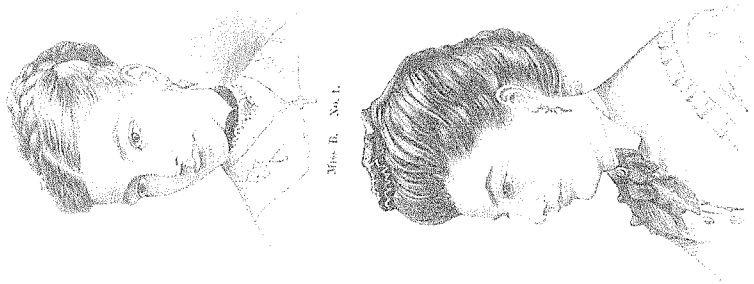

Figure 5.2: Miss B., in Gull, 'Anorexia Nervosa' (1874), p. 308. Wellcome Library, London.

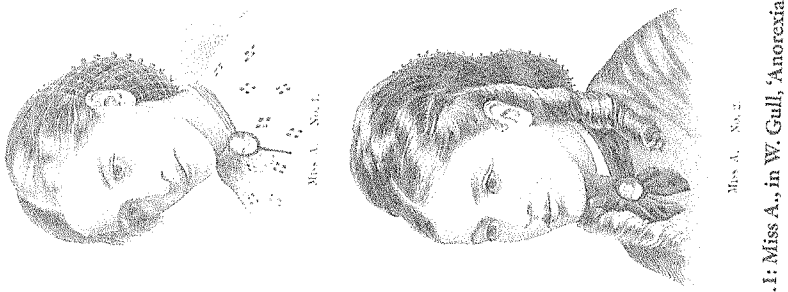

Figure 5.1: Miss A., in W. Gull, 'Anorexia Nervosa', in T. Dyke Acland (ed.), *A Collection of the Published Writings of William Withey Gull* (1874; London: The New Sydenham Society, 1894), pp. 305–14, on p. 306. Wellcome Library, London.

Miss B. does not look obviously different in the 'before' and 'after' images other than a slight plumpness around the chin. By contrast, the third case, Miss C., shows a striking transformation. The report is made up of a series of letters between Gull and a general practitioner colleague, Dr Anderson, who reports her return to being 'plump and rosy as of yore'.[28] Her extreme weight loss is accentuated through the hard line of her jaw, hollow cheeks and stretched skin. She is also depicted turning away, in refusal of the viewer's gaze, repeating the defiance of the previous images. The recovered Miss C. is depicted in half-profile in a movement towards engaging the viewer; her head is held up and her cheeks and lips are visibly fuller.

In his introduction, Gull asserts: 'at present our diagnosis of this affection is negative, so far as determining any positive cause from which it springs'.[29] Gull admits here that he does not really understand what causes the disease, and does not seek to. He does show an early insight, however, in distinguishing anorexia nervosa from emaciation due to organic causes. He argues that the disease is 'due to a morbid mental state', and that his 'wilful patients' need to be placed under strict moral conditions including complete isolation from the family and forced feeding: 'the treatment required is obviously that which is fitted for persons of unsound mind'.[30] Despite Gull's appreciation of the psychological nature of the problem, there is no attempt to see the sufferer's behaviour from her point of view, and there is no evidence of empathy with her distress. These illustrations demonstrate Gull's belief that 'moral control' of the patient is what produces recovery. The plump and smiling faces of his recovered patients show that he had some reason to believe in his methods; what his analysis fails to appreciate is the psychological meaning of the patient's behaviour, which begins to be revealed – albeit in a rather enigmatic way – in the anorexic images.

Thomas Stretch Dowse, a physician at the London Hospital for Epilepsy and Paralysis, published the case of fourteen-year-old A. T. in 1881 (Figure 5.4). She is described as a 'very delicate child' presenting classically anorexic character traits: a 'great obstinacy of disposition' and being prone to 'sullen fits'.[31] Dowse describes in some detail the complex and strained relationships within this girl's family, and claims that treatment only succeeds once she is isolated from them. The illustrations used are a pen-and-ink sketch of her state upon admission, and a drawing from a photograph of the recovered A. T. three months later. The images serve the self-congratulatory function of illustrating the success of Dowse's regime: 'The cure was unquestionably brought about by the administration of fluid nourishment'. Although Dowse refrains from forced feeding, the girl is given little choice but to eat as tube feeding is used 'frequently' as a threat; her food refusal is defeated with the use of egg and milk cocktails and plenty of beef tea.[32]

No. 1.

Drawn from pen and ink sketch, showing state of patient before treatment.

No. 2.

Drawn from the original photograph, showing the state of the patient after treatment

Figure 5.4: A. T., in T. Stretch Dowse, 'Anorexia Nervosa', *Medical Press and Circular*, 17 August 1881, pp. 95–7, 147–8, on p. 147. Wellcome Library, London.

Dowse is enthusiastic about this regime: 'her condition upon her admission and upon her departure was very *striking* and characteristic'. The images fit the narrative gloss of the case so well that it is as if they were commissioned to illustrate this point. The patient upon admission is 'unable to stand without assistance' with 'eyes downcast' and looks 'the picture of misery'. She is 'taciturn, shy and reserved', arrested in 'a general morbid state of functional inactivity'. Of particular note are the eyes: they are closed, and marked with heavy shadows, making her head appear skull-like. The head is inclined, and she appears to lean on the chair for support, her thin fingers and bony wrists protruding from her dress. The gaunt, hollow cheeks and morose expression complete the look of 'misery', and these details all connote refusal of the male gaze which seeks pleasure in displays of normative femininity. This eschewing of social engagement is reflected in Dowse's observations, too, for he focuses on the strangeness of her look: 'the extremities were cold and of a bluish colour ... the pupils of the eyes were sluggish, and did not contract readily to light'.[33] The coldness, the unresponsive eyes and the movement away from her observer suggest a position of retreat, a subversive refusal to engage in social rituals such as eating.

Although not unkind, Dowse is clear that in his view sympathy and understanding are not what are required. He equates recovery with the doctor's control over the patient's will: 'It is really astonishing to see with what remarkable rapidity these apparently hopeless and helpless causes are restored to perfect health when they are placed under proper and appropriate treatment, *even when death seems inevitable*'. The emphasis on the power of death reveals the seriousness of the threat posed by anorexia, and Dowse admits his own weakness when faced with a food-refuser: 'I have found myself *powerless* to do my patient any good whilst she has been subject to the sympathy and irresolute action of her immediate friends'.[34] The image of recovery functions as a comforting antidote to the horror of impotence. A. T. is now depicted with rounded cheeks, eyes alert and engaged and holding herself up with her own strength. She is visibly smiling, and her head is raised. All this confirms Dowse's final assessment: 'Instead of being taciturn and reserved, she was cheerful and agreeable to all around her, and took her food without any reserve or hesitation'.[35] In none of these cases are we offered any follow-up information about the continued health of the patient, so we are left wondering if this striking transformation could possibly be maintained. The addiction to anorexia so often proves to have stronger staying power than any treatment, as illustrated by the DSM-IV statistics, and these images of 'recovery' appear as naïve illustrations of the doctors' powerful fantasy of integrity and control that is imperfectly but neatly imposed onto an uncontrollable body. They illustrate a level of scopophilic pleasure by simultaneously satisfying the medical narrative of cure and the male bourgeois gaze by returning to an image of feminine normality.

The next case, Miss K. R., is presented in Gull's 1888 and 1894 articles using the same 'before' image but different 'after' pictures (Figures 5.5 and 5.6). Gull is concerned to give visual evidence of an unusual case: 'The case was so extreme that, had it not been photographed and accurately engraved, some assurance would have been necessary that the appearances were not exaggerated, or even caricatured, which they were not'.[36] Gull's paper serves to demonstrate his unique ability to bring young women such as these from the brink of death back to normal functioning, without delving into the murky business of their states of mind. In this sense, his reporting is optimistic and reassuring of the power of the physician to heal, and the images used appear to support this view. However, the pictures also reveal much that is meaningful in the attitude of patients towards their treatment.

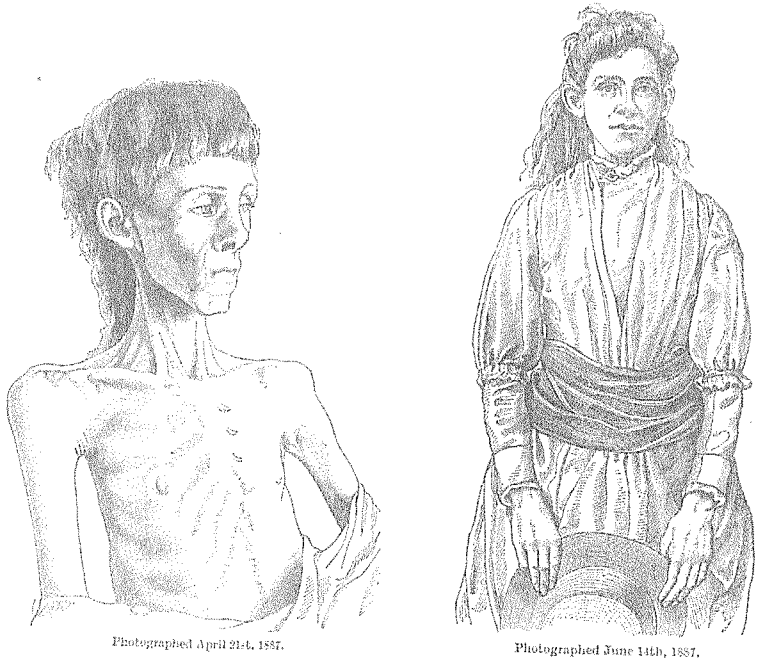

Figure 5.5: Miss K. R. ('before' and 'after' picture), in Gull, 'Anorexia Nervosa', ***Lancet,*** **131 (1888), pp. 516–17. Wellcome Library, London.**

Miss K. R. is depicted in a posture of defiance, eyes averted and head turned away as if refusing to be captured or pinned down, her lips pursed in a gesture of closing off and her arms crossed defensively. She appears to embody the insubordination, the 'perversions of the "ego"', identified by Gull.[37] Her hair is cut into a brutally short, boyish fringe and is awkwardly pulled back. She is the only

one of Gull's patients to be pictured naked; her breasts are flat, and she appears fragile, childlike and androgynous. The recovery image of Miss K. R. depicts her clothed in a billowing dress: this accentuates her fuller form and shows that she has undergone a process of feminization. Her hair is lifted from her face and flows loosely at the back, suggesting volume and health in contrast to the harsh and unwieldy style of the previous picture. Her arms hang down, holding a hat in a gesture of humility; the removal of her hat for the photograph also suggests that there is a social interaction going on between viewer and subject. These details combined suggest the patient accepts that she must behave like a middle-class girl of the period. Typical examples of paintings and portrait photographs of well-to-do young women from the period, such as Édouart Manet's 1872 portrait, *Berthe Morisot with a Bouquet of Violets*, and the photographer Carjat's 1886 portrait of the sculptor Camille Claudel reveal such details as hats, neatly styled hair, brooches, gloves, full skirts and carefully controlled posture to be important signs of respectable womanhood. Through these details of dress and hairstyle, modesty and passivity are equated with feminine normality as well as physical and mental health. The narrative emphasis on recovery suppresses completely the passive-aggressive psychological position represented by food refusal, and overlays these subversive 'before' images with new ones that conform to the expectations of the male gaze. In Gull's 1894 paper, the same 'before' image is used but a different 'after' image has been chosen (Figure 5.6). In the later paper, the recovered Miss K. R. is shown in a half-body shot, still naked – although notably fleshier – with the same flowing hair and half-smile. This later image accentuates the medical success of the feeding regime, whereas the clothed image supports the moral message of the correction of rebellious behaviour and the re-adoption of normal middle-class, Victorian feminine habits.

These recovery images typically reveal attitudes that are pleasing to doctors: dignity and compliance with Victorian social codes, illustrated by the engagement with the viewer's gaze. Brumberg, who briefly analyses Gull's images, observes:

> In all of the 'before' pictures there was a look of derangement, a look that was not present in the 'after' portraiture, where the girls looked tranquil, pleasant and ordinary. In their healthy state, each of the girls ... assumed the demeanour proper to young women of their role and station and lost the look of dour petulance that Gull believed characterized the anorectic.[38]

The picture of health demonstrates not only an end to the rebellion, but a rationale for carrying out treatment that could be brutal and that was often implemented against the will of the patient. On the one hand, they show doctors' need to be gratified and, on the other, the anorectic's desire to please.

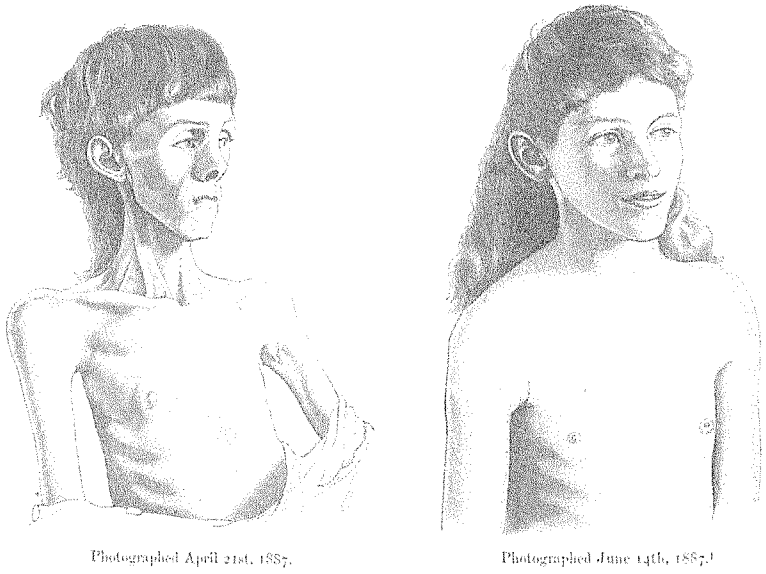

Figure 5.6: Miss K. R. ('before' and alternative 'after' picture), in Gull, 'Anorexia Nervosa' (1894), pp. 312–13. Wellcome Library, London.

The brutality of forced feeding is matched only by the harshness with which the anorectic treats her own body. As Bruch would later observe: 'In many ways these girls treat themselves as if they were slave labourers, who are denied all pleasures and indulgences and are fed a minimum of food and driven to work to the point of physical exhaustion'.[39] This extreme over-compliance with the expectation that she, as a woman, be self-effacing and passive, the subtlety and complexity of her position, is missed by commentators like Gull whose simplistic gloss of the case appears brutish and heavy-handed by comparison. The paradoxical elusiveness of her position is revealed, however, in her image.

Following in Lasègue's footsteps, in 1894 Drs Brissaud and Souques presented a similar case of recovery from anorexia in the Parisian medical journal the *Nouvelle Iconographie de la Salpêtrière*.[40] Their patient is photographed from behind in a rather intimate pose, her bottom half shrouded by a sheet and top half naked (Figure 5.7). This position illustrates a harrowing contrast between the visible bones – shoulder blades, ribs, vertebrae – of the first image and the fleshiness of the 'after' shot. In the first, the patient's hands are gripping a chair, which draws attention to her long, stick-like digits and, as with Dowse's weak patient, suggests fragility and dependency. The authors' stated purpose is 'to demonstrate how far the *delusion of thinness* can go'.[41]

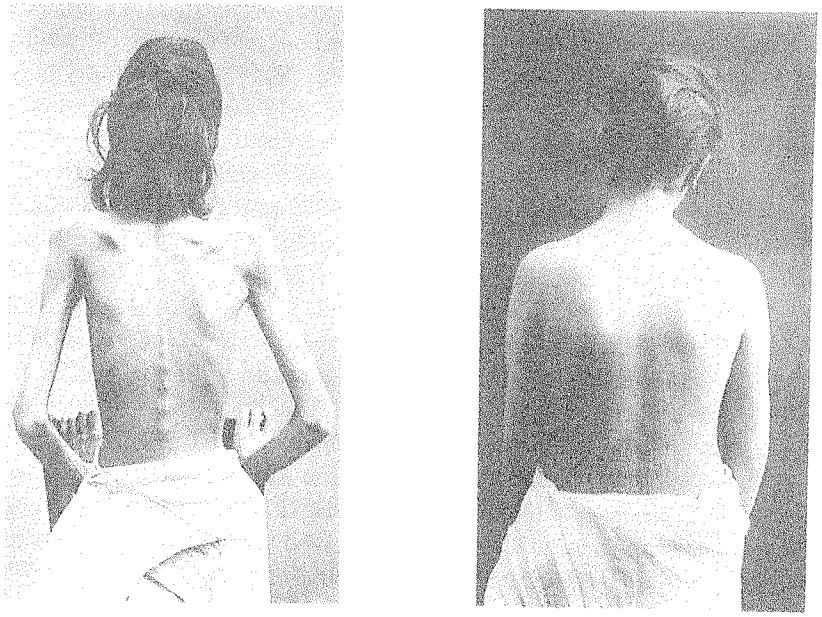

Figure 5.7: Julie R., in E. Brissaud and A. Souques, 'Délire de maigreur chez une hystérique', *Nouvelle Iconographie de la Salpêtrière*, 7 (1894), pp. 327–37, on p. 334. Wellcome Library, London.

The case history presented involves the doctor's battle with a constellation of troubling behaviours: the nineteen-year-old patient, 'Julie R.', suffers from extreme bulimia as well as anorexia, her vomiting being repeatedly described, in combative terms, as 'incessant, irrepressible'.[42] Compared to the English case studies, the French doctors seem greatly concerned with examining the patient's altering psychological states. Brissaud and Souques include a lengthy discussion of the issue of guilt and punishment, for Julie R. believed her illness was divine punishment for not having confessed the sin of masturbation. She experiences liminal states – between dreaming and hallucination – where she sees herself thrown into hell. Whilst there is some attempt made to understand the psychology of the patient, these semi-delusional religious beliefs and crippling guilt are construed as things that need to be corrected rather than explored. In order to achieve this, the doctors reflect back to the patient 'the futility of her ideas', and use forced feeding as a threat if she does not eat 'willingly'.[43] The patient's physical recovery is paralleled with the achievement of control over her will: 'The delusions of guilt and damnation no longer exist. The patient can remember

them clearly, and now understands how futile they are.'[44] There is a semantic slippage in French between the 'inanition' of the body and the 'inanité' (futility, pointlessness) of the patient's beliefs, which are as thin and insubstantial as the body. In this sense, the layering of flesh on the body illustrated in the photographs reflects the numbing of the mind that being cured entails.

The problem with the 'recovery' approach is that it confuses enforced weight gain with true recovery, and fails fully to appreciate the problem of relapse. Whilst the health of the patient is the clinical priority, these case studies neatly impose a superficial – but pleasurable – image of recovery onto a complex and unruly psychological state. Images serve a specific clinical agenda, and doctors' interpretations reveal more about that schema than about the roots of anorexic behaviour. However, images of illness reveal attitudes that kick against the expectations of doctors and parents and demonstrate the force of a compulsive behaviour that lies beyond absolute medical control. These case studies powerfully illustrate Gilman's idea that images of disease and health serve the purpose of suppressing anxiety about human vulnerability to and limited ability to cure illness; the gendered nature of the images also reveals a concern to correct a subversive image by overlaying it with one that is satisfying to the male gaze.

Narratives of Anxiety

The second group of case studies report either fatal or otherwise unsuccessful outcomes, and the photographing of the patient serves to distance the viewer from the diseased subject. In this sense, the anxiety aroused in the viewer is projected onto the image rather than the viewer using the image to suppress anxiety. Doctor's commentaries accompanying the images admit feelings of helplessness and horror when faced with this disease, and in the French cases the power of the image is intensified through the inexplicable practice of obscuring the patient's face, thereby to some extent suppressing the gaze of both viewer and object, because the eyes of the person being looked at cannot be seen. This curious practice also sets up a voyeuristic vantage point, for the viewer's perspective is hidden behind the mask in the same way that the anorectic's self-conscious look is suppressed: there is a loss of visual dialogue between viewer and patient. The removal of the patient's perspective makes these images voyeuristic, and yet the absence of images of recovery makes these cases even more troubling and potentially subversive of the male gaze, because at no point do they conform to its expectations.

The anonymizing of patients by blocking out the eyes is common practice today in clinical illustrations of disfiguring illnesses, but these cases seem to be unique in the nineteenth-century clinical literature. The *Nouvelle Iconographie* and the *Revue photographique des hôpitaux de Paris* reproduced many photographs of patients, often completely naked, suffering from a range of distressing

illnesses.[45] Yet my research did not uncover a single example of a patient, other than an anorectic, whose face or eyes has been obscured in this way. We cannot know the exact reasons why this was done, but it produces two important effects: first, it singles out anorexia nervosa as something unique, whether singularly interesting or troubling; second, it dehumanizes the body and renders it 'uncanny' in the Freudian sense.

Freud says the feeling of the uncanny, a sense of 'familiar strangeness', is aroused by something that should remain repressed coming into awareness, perhaps in an unwelcome way.[46] In his analysis of Hoffmann's short story, 'The Sandman', Freud locates the source of this feeling in the anxiety caused by the threat of losing one's eyes. Predictably, perhaps, Freud interprets this as part of an Oedipal drama and his reading might be seen as reductive for this reason. It is, however, an extremely useful idea when considering these images that are 'made strange' by both the suppression of the eyes/gaze and by the way in which the body appears recognizable and yet also horrifying in its emaciation. Part of this horror is caused by the body's nascent sexuality being violently rejected by the food-refusing girl, but at the same time pushed forward by the body itself in its own refusal to be repressed. This is particularly evident in the disturbing juxtaposition, frequently observable and discussed in the following case studies, of an emaciated and child-like body with fully developed breasts.

Dr Wallet reported on two illustrated cases in the *Nouvelle Iconographie* in 1892 (Figures 5.8 and 5.9).[47] His first case pictured is a half-body shot of a naked woman photographed from front and back. In the photograph where she faces the camera, her face is obscured awkwardly by a hashing pattern suggestive of a mask or prison-like mesh. In the second case, the girl's face is not fully obscured but her eyes are awkwardly scratched out. Wallet describes the visual impact of his first patient as 'a surprising [*étonnante*] aesthetic aberration', recalling the common French translation of Freud's '*Unheimlich*' (uncanny) as '*inquiétante étrangeté*' – literally, a 'worrying strangeness'.[48] The cases of Miss B. and Miss V. present inconclusive outcomes: both gain a little weight under treatment but do not fully recover. Miss B. is shown in a half-body shot, naked, with her face obscured but her rounded breasts visible as a sign of sexual development. Her nakedness, paired with the removal of a recognizable face, like the hooded figure of one condemned to death connotes loss of dignity, alienation and shame. In common with many anorectics, Miss B. has an irrepressible urge to physical movement. Her frenetic walks around the grounds of the hospital are banned, and she is confined to her room. Even then she continues with a frenzied exercise regime, to which the doctor responds by committing her to bed and by 'removing her clothes'.[49] The stripping of the patient here resembles the act of photographing her: both are attempts to fix and restrain her.

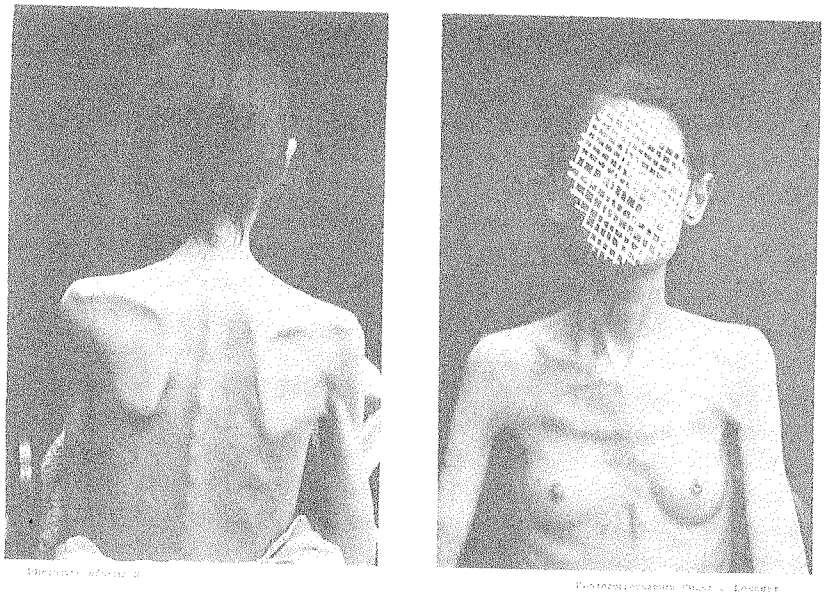

Figure 5.8: Miss B., in H. Wallet, 'Deux cas d'anorexie hystérique', *Nouvelle Iconographie de la Salpêtrière*, 5 (1892), pp. 276–80, on p. 276. Wellcome Library, London.

The theme of control is also invoked in the commentary on Miss V. She describes the anorexic behaviour as if it is an external power acting on her body which she is powerless to resist: 'It's as though there's a force that stops me when I want to eat'. This emerges as a destructive force of self-annihilation, urging Miss V. to drink vinegar and anything 'bad for the stomach'.[50] In a reversal of the pattern shown in the first group of studies, the healthy image shown is the one prior to anorexia and treatment rather than an image of recovery, exposing the violence inflicted on the body by self-starvation. The anorexic Miss V. appears sullen, tentatively lowering her nightdress to reveal emaciated shoulders. The subtle details of the image of sickness – a slightly hunched posture; hollow, expressionless eyes; a brooding expression – betray both vulnerability and resistance to social pressures. Miss V. is performing her illness, confirming stereotypes of feminine fragility, but paradoxically refusing to be bound by expectations of normality. Constantly cold, she wraps herself delicately in mittens and woollen tights even in the summer months – these layers of wrapping functioning as a symbolic flesh to cover her bony frame and to mitigate her vulnerability.

A fatal case of anorexia was reported by Lockhart Stephens, chief medical officer of the Emsworth Cottage Hospital near Bristol, in the *Lancet* in 1895 (Figure 5.10). It reproduces two striking woodcut illustrations based on photographs of the patient at the point of death.[51] Stephens describes a rather sullen

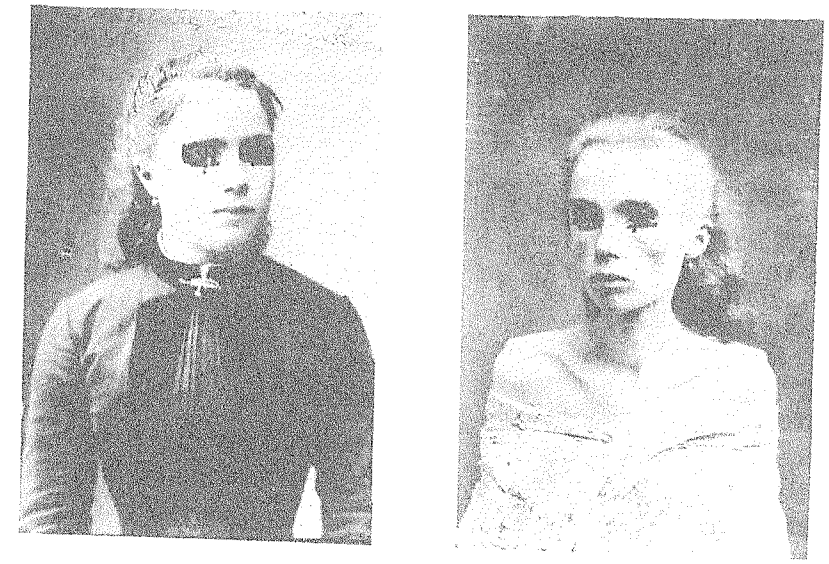

Figure 5.9: Miss V., in Wallet, 'Deux cas d'anorexie hystérique', p. 278. Wellcome Library, London.

and manipulative girl, 'the spoilt child of the family', whose mother was 'quite under the influence of the patient'. Presenting the patient as an attention seeker, the clinical narrative moves swiftly from a picture of an initially compliant – although fretful – patient to a detailed clinical description of her rapid decline and death. Despite orders to keep her in bed 'with limbs and body bandaged in cotton wool' and 'to be fed every four hours', it seems that intervention simply came too late.[52] The girl is depicted lying on her deathbed, and in mortality there is a significant difference in the effect of the image on the viewer. The girl's eyes are visibly roving in different directions, representing the loss of engagement with the viewer's gaze, in contrast to the powerful, deliberately averted gaze of anorectics who hang on to life. The loss of self-consciousness in death reveals an acutely voyeuristic fascination with the anorexic body, for there can be no hope of reversing her symptoms, and the predominant interest lies in her sickness and death rather than in the pleasure of the recovered body. The girl simply looks like a victim of the ravages of starvation, consumed entirely and utterly defeated. Gone is the defiance and glowering moodiness evoked earlier in the story: there is no attitude left because she has finally effaced herself. This reinforces the previous observation made about the potency of the anorexic gaze. This patient's head lolls limply to the side, and despite her lightness her arms lie heavily on the bed. The second image evokes Christ-like suffering, as though she is lying in a tomb wrapped in grave clothes. As with the other cases, the stubborn breasts are the only remaining signs of life: 'The body was extremely emaciated; there was not a trace of fat in the subcutaneous tissue with the exception of the breasts, which stood out boldly'.[53]

The significance of the dead body being photographed in this way may be compared to the more general voyeuristic fascination with the female corpse in contemporary works of art. A particularly relevant intertext to consider is the Austrian Gabriel von Max's painting *Der Anatom* (1869) which depicts an anatomist poised over the body of a beautiful young woman in a moment of hesitation before carrying out the dissection of her body.[54] Like Lockhart Stephens's patient, the body is shrouded and laid out for the purposes of medical observation. As with many of the anorexic images discussed here, a prominent detail of the painting is an apparently unnaturally raised and subtly exposed breast. This, combined with the gaze of her medical observer being contained within the painting, lends the painting an erotic charge that is not straightforwardly present in the anorexic images discussed here. However, Elisabeth Bronfen argues that the woman's body is presented as being perfected in death:

> The moment von Max has chosen to arrest in his painting is one where beauty is defined in contrast to destruction ... The painting enacts a crucial moment of hesitation: the draping of the shroud underscores the aestheticisation by suggesting the

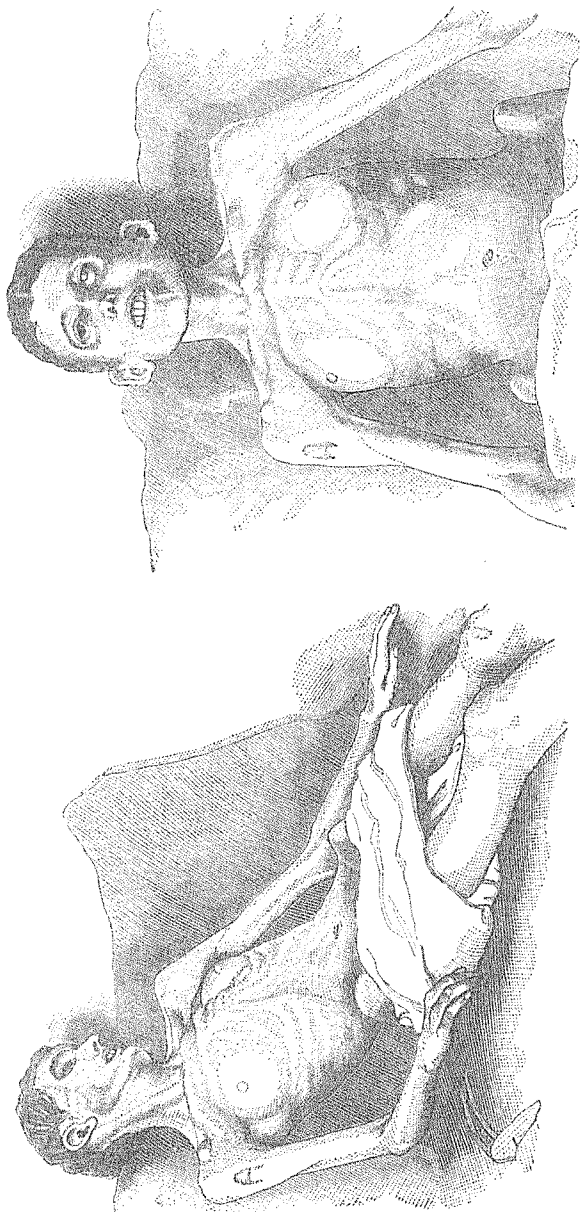

Figure 5.10: Lockhart Stephens's patient, in L. Stephens, 'Case of Anorexia Nervosa', *Lancet*, 145 (1895), pp. 31–2. Wellcome Library, London.

materialisation of a statue. The feminine body appears as a perfect, immaculate aesthetic form because it is a dead body, solidified into an object of art.[55]

When considering Bronfen's observations, what strikes us about the anorexic images is that, compared to the conventional aestheticization of the dead female body, the destruction of the perfect female form takes place during the life of the subject: even if it causes the end of her life, the process of dying coincides with the last stages of life in which the anorexic woman is corpse-like. In this sense, the destruction of the 'perfect, immaculate' feminine body appears as a profoundly subversive act because it is carried out by the woman herself. It makes the almost-dead female body *un*feminine, ugly, horrifying and yet still fascinating.

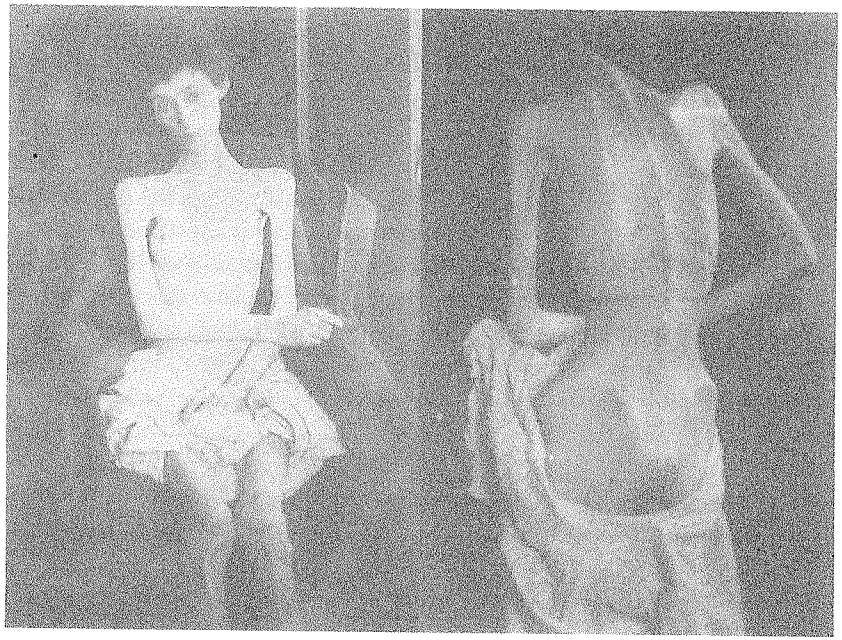

Figure 5.11: St Bartholomew's Hospital Archives and Museum patient. Front view and back view, 1896, St Bartholomew's Hospital Archives and Museum, London, SBHU MU/14/49/16/1, 2, Wellcome Images. Wellcome Library, London.

There is also an 1896 image of an anorexic patient held in St Bartholomew's Hospital Archives and Museum, without accompanying case notes (Figure 5.11).[56] In the rear view, the patient is struggling to stand and resembles an exoskeletal insect, with bones painfully protruding beneath a stretched layer of waxy, diaphanous skin. The buttocks have taken on the familiar concave shape; the lowered nightdress resembles a grave shroud and the bent posture suggests shame and physical frailty, as though she is an elderly woman. Pictured from the front, the seventeen-year-old patient sits with her head slightly lowered and inclined, with

position seems to be a defensive one in which she is trying to conceal herself and her evident discomfort at being photographed. The enigmatic look she projects carries a wealth of potential interpretations: uncomfortable, and yet also defiant and stubborn. She locks the viewer's gaze with hypnotic strength by staring directly at her observer, suggesting a powerful defiance of medical scrutiny and a potently passive-aggressive attitude to her developing body – confirmed by the fullness of the breasts observed previously.

The case of sixteen-year-old Béatrice Gill was reported by Dr Georges Gasne, a clinical consultant in nervous illnesses at the Salpêtrière, in the *Nouvelle Iconographie* in 1900 (Figure 5.12). Like his colleagues, Gasne blocks out the patient's face, insisting: 'we *have had to* obscure the face here'.[57] The fact that he makes this point suggests there would be a level of shame in being identified as an anorectic. Béatrice's appearance is described as 'horrifying'; she weighs just 55lb and Gasne remarks: 'one cannot imagine a more emaciated skeleton'.[58] Gasne's response, emphasizing the feeling of obligation in concealing this woman's identity alongside the 'horror' of her look, betrays a feeling of anxiety experienced by those pioneering treatment of this mysterious disease.

In the case report, the problematic nature of feeding and food is invoked from birth. We are told that Béatrice was initially bottle fed, but at four months became 'malnourished', needing to be 'put to the breast' – presumably that of a wet nurse. Separated from her mother, she began to grow.[59] But once returned Béatrice 'failed to thrive until the age of four' and it would seem that her family stifled her growth, right from birth.[60] The question as to why her mother could not or would not nurse her child – artificial feeding being almost certainly fatal even in the late nineteenth century – is not asked, but Béatrice's early years are marked by the fragmentation of her emotional attachments and by multiple disruptions in the caregiving environment.[61] Such interesting background details are conspicuously absent from English case reports.

Gasne's commentary is inflected with intense ambivalence, a tension between the horror of the image and the reality of the patient. On the one hand, his genuine captivation with the patient is revealed in the adjectives 'gay', 'emotional', 'gentle' and 'sensitive'; yet on the other hand, Béatrice's appearance evokes dread.[62] When dressed, we are told, Béatrice strikes her observer with her 'slenderness' and 'youthfulness'. But her naked, photographed form presents the unsettling paradox of hideous, skeletal features alongside full breasts, unaffected by the emaciation, which Gasne calls 'remarkable': 'If it had not been for the conservation of the mammary glands in this young girl (*remarkable* under the circumstances), it could really be said that she was reduced to just skin and bones'. So Gasne emphasizes her sexual development, but her skeletal form also troubles him – her face in particular. In contrast to the previous depiction, her face is said to be 'utterly haggard', giving her 'the look of an old woman'.[63] These paradoxical allusions recall Gull's suggestion that the anorexic body is somehow out of harmony with its real age:

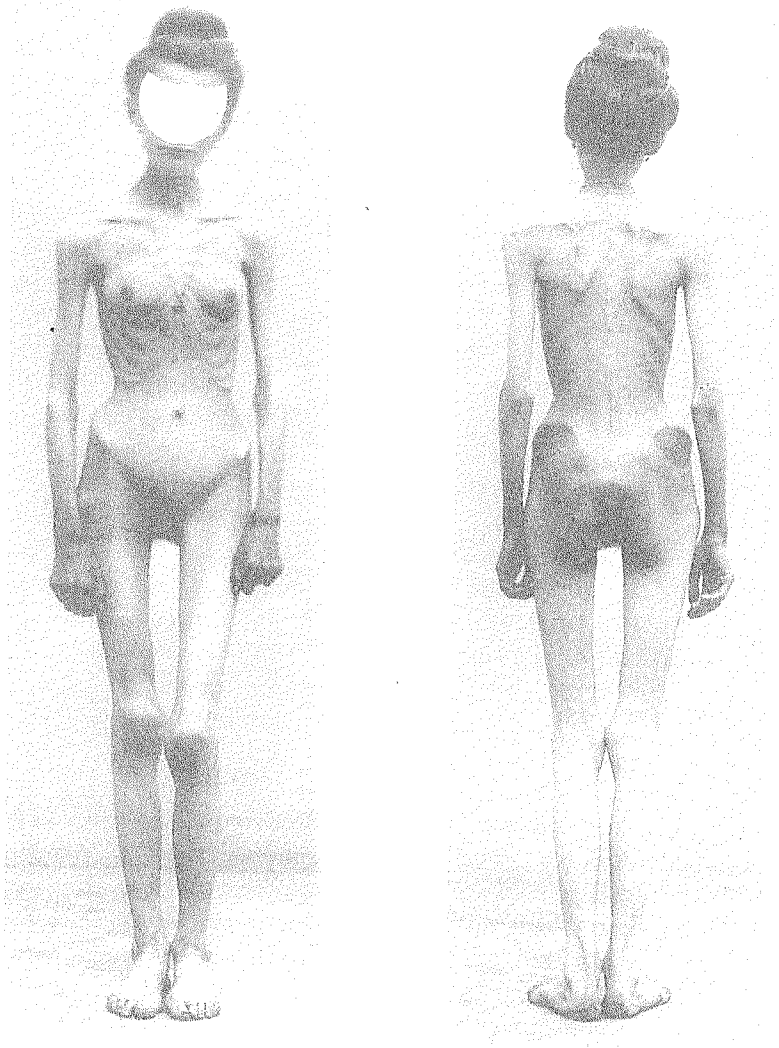

Figure 5.12: Béatrice Gill, in G. Gasne, 'Un cas d'anorexie hystérique', *Nouvelle Iconographie de la Salpêtrière*, 13 (1900), pp. 51–6, on p. 51. Wellcome Library, London.

This is a body in conflict with itself. Gasne says these troublesome breasts seem not to fit the emaciated body, 'the voluminous breasts stand out'. The breasts present an enigma for both doctor and patient, and are an illustration of the paradox of the body being hyper-controlled and yet recalcitrant: the body is determined to grow, but Béatrice is resolute in her attempt to stunt it. Despite never having menstruated, Béatrice's uncomfortable breasts act as a physical reminder of the latent forces of puberty: 'her breasts are *always* a little painful and the patient is *always* afraid of them being knocked'.[64] The repetition of this adverb reinforces the idea of the troublesome nature of her body. Gasne concludes his case study by noting regretfully that his patient relapsed soon after leaving hospital, and does not seem overly concerned with the question of her 'cure'. This suggests a level of voyeurism in his preoccupation with the strangeness of her sick body, which interests him most when he can gaze upon it.

A decade after Gasne's discussion of the disease, a young Dr Noguès wrote a detailed medical thesis on anorexia, published in Toulouse in 1913. Somewhat unusually for a thesis, it contains two photographs of anorectics that represent the latest images in the French literature in the period under discussion.[65] Noguès is initially optimistic about the possibilities offered by modern treatment, citing Professor Déjerine in his introduction: 'The treatment of anorexia [*anorexie mentale*] is a type that gives excellent results'.[66] Despite this outlook, Noguès's two illustrated cases did not have positive results: Miss G. was another fatal case, and Miss M. C. became a chronic case.[67] Noguès fully admits the failure of medical treatment in both cases. Miss M. C. (Figure 5.13), who weighed just 18.7 kg (41lb) at her first admission, is the most extreme example of emaciation discussed in this essay. In the case of Miss M. C., Noguès says he feels impotent in attempting to untangle the enmeshed family relationships, calling himself 'completely helpless in the face of the patient's obstinacy' and the parents' weakness.[68] As with Lockhart Stephens, the doctors' sense of impotence is projected onto the parents who are routinely blamed for the failure of treatment.

Miss G. (Figure 5.14) is a patient who, as well as being anorexic, 'inflicts bodily punishments on herself'.[69] In line with the more sensitive appraisal of the patient's state of mind that accompanies the French case studies, the themes of guilt, punishment and sacrifice are underlined. Noguès reports that 'she believes that the devil inside her feeds on everything that she eats'.[70] This curious delusion functions as a powerful metaphor for the body consuming itself, and can be paralleled with the sense of mind–body dissociation evoked in the cases of Béatrice Gill and Miss V., who both describe the body as an autonomous agent bent on self-destruction. Miss G., profoundly affected by having witnessed her mother die in childbirth when she was just twelve, cannot ingest milk. Just as Béatrice failed to thrive on the milk offered by her mother, Noguès tells us that Miss G. dramatically vomits the very substance that symbolizes maternal sustenance,

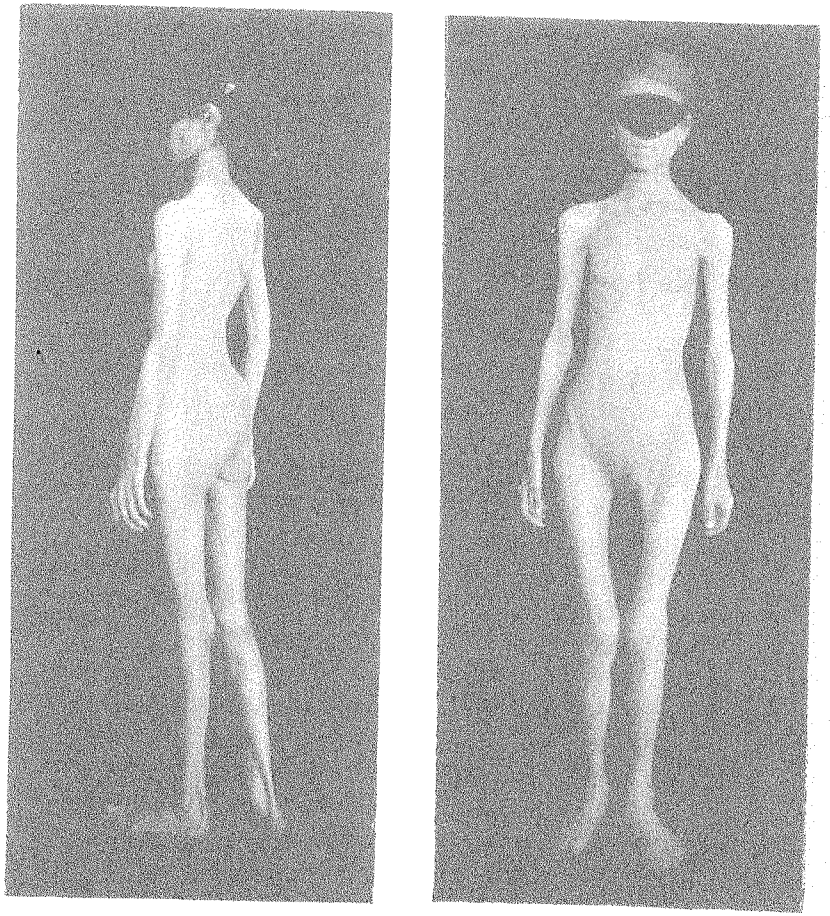

Figure 5.13: Miss M. C., in G. Noguès, *L'anorexie mentale et ses rapports avec la psychophysiologie de la faim* (Toulouse: Dirion, 1913), pp. 149–58, on p. 154. Bibliothèque nationale de France.

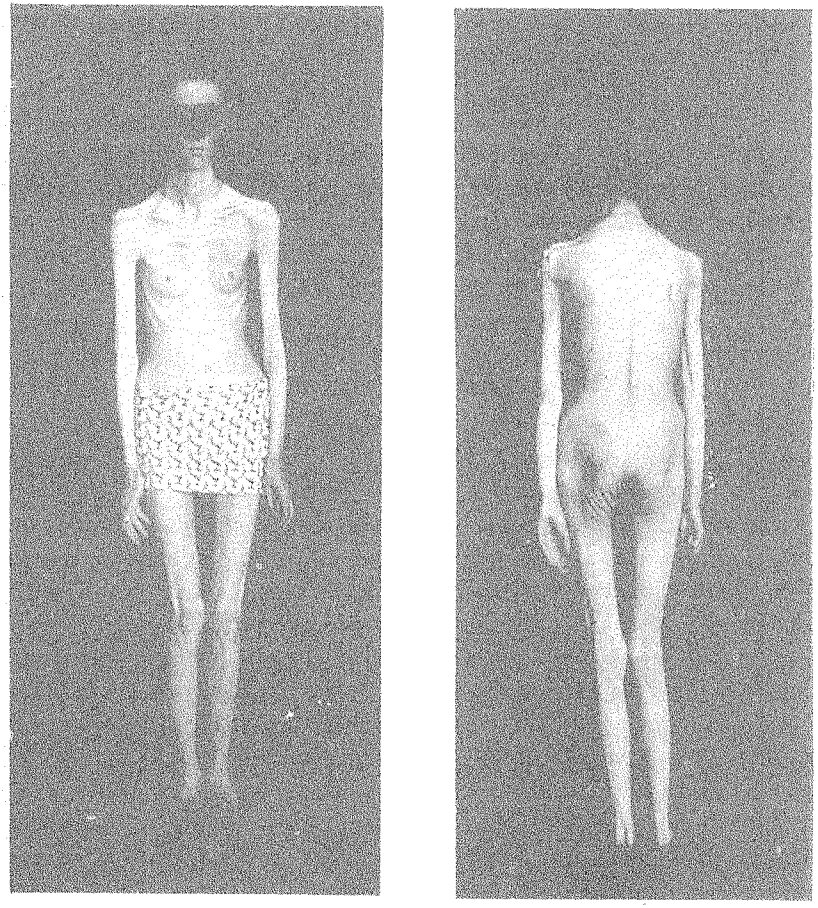

Figure 5.14: Miss G., in Noguès, *L'anorexie mentale et ses rapports avec la psychophysiologie de la faim*, pp. 159–62, on p. 160. Bibliothèque nationale de France.

The indistinct photograph of the patient shows that – despite her extreme emaciation – she is still able to stand, although her arms hang limply by her sides and her fingers seem to be clawing in discomfort. Her eyes obscured, the front view shows a shroud-like covering, which with her salient ribs announces her death. The presence of rounded breasts, like with Béatrice, stubbornly contrasts with painfully bony, concave buttocks enclosed in thin, sagging folds of skin. The case concludes with a detailed description of her decline and death, a story that is made more harrowing by the presence of such powerful images of resistance to treatment; the strength of these photographs contrasts markedly with the feeling of impotence expressed by those treating her. Like Dowse, who as we have already seen describes himself as 'powerless' when faced with a particularly intransigent patient, Noguès laments his patient's 'indomitable obstinacy'.[71]

In the final assessment, illustrations of patients appear to be important but little-studied records in the history of anorexia nervosa. The voyeuristic fascination with the disease, as identified in these early clinical documents, announces the twenty-first-century media obsession with excessively thin women. In the absence of a serious clinical attempt to understand the compulsive nature of anorexia, and in a context in which the voice of the patient is rarely heard, these images speak for the anorectic and to the viewer. The responses of the original viewers of these images are shot through with anxiety and conflicting feelings, due to the fact that they subvert the expectations of the heterosexual male gaze. Displaying these images served the dual purpose of containing and controlling a subversive behaviour that threatened the social order whilst at the same time distancing the threat posed by pathological conditions from the 'healthy' observer. In contrasting ways, male middle-class doctors and young, anorexic women conformed to the stifling and limiting values of their class. Their anxieties meet and are expressed in these case studies, in which men spoke textually and women spoke visually. Doctors attempted to speak for their patients by infantilizing them and insisting that they be placed under strong moral control. Unwittingly, however, they allowed these women to speak for themselves. The language of the patient's gaze is enigmatic and fleeting, but it is a communication that announces the more sensitive assessment of the meaning of anorexia that came later in the twentieth century with the psychoanalytical approaches pioneered by Hilde Bruch and Susie Orbach, who have made a concerted effort to understand that language. However, these images were at best only partially understood during their time; in a similar way, our culture's interest in images of very sick women is complex in its motivation. These nineteenth-century case studies may be read with a certain detachment afforded by hindsight, but we would do well, as a culture, to learn to question our own potentially voyeuristic treatment of this problem. As we have seen, the fascination with the sick body, as an end in itself, is demonstrated in the tendency we have to glamourize excessive thinness and objectify the female body.

6 KATE MARSDEN'S LEPER PROJECT: ON SLEDGE AND HORSEBACK WITH AN OUTCAST MISSIONARY NURSE

Tabitha Sparks

The 1892 travel memoir by missionary nurse Kate Marsden, *On Sledge and Horseback to the Outcast Siberian Lepers*, is at first glance a remarkable testimony to Marsden's 2,000 mile, ten-month journey across Russia and Siberia and back. The events Marsden narrates are so incredible, in fact, that since the time of the text's publication, readers have questioned its truthfulness. After the Siberian journey and the publication of the memoir, Marsden enjoyed a brief period of fame in England and beyond, winning the approval of luminaries including Queen Victoria, W. T. Stead and the Empress of Russia.[1] But rumours surrounding her work, particularly the management of the money she collected for her leper hospital and challenges to the veracity of the memoir soon eclipsed her celebrity status. Furthermore, the memoir's mixing of genres, changing objectives and focalizations all encode a textual version of the same unreliability that came to haunt Marsden's character and reputation. I will turn later, and briefly, to the contested afterlife of Marsden's memoir and the decline of her reputation, as what concerns this essay is the memoir itself. The prolific and contradictory objectives, voices and identities that constitute Marsden's memoir command attention beyond their likely exaggerations. Rather than consider Marsden alone in accounting for the memoir's textual incongruities, I relate them to the contradictory values and objectives of professional Victorian nursing as well.

Marsden's journey, she explains early in the text, was inspired by her experience as a nurse in the Russo-Turkish War of 1877, where she was first acquainted with the 'ravages' of leprosy. While in Constantinople and Tiflis she heard 'reports' of a Siberian herb that was said to 'alleviate the sufferings caused by leprosy, and in some cases, to remove the disease'.[2] These rumours convinced her to travel to Siberia and track down the herb, and eventually to nurse the neglected Siberian lepers themselves. In a broad sense the memoir follows this scheme, though the unnamed herb proves to be first elusive and later unverifiable.[3] By the memoir's end, the goal of nursing and treating the lepers has turned almost